ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Margaret Mercy Healthcare North

City: Hammond County: Lake Year: 2003

Provider Type: General Acute Hospital

I. Inpatient Care					
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	0	0	0	\$0	
ICU Med/Surg	21	930	5,181	\$7,100	
ICU Neonatal	12	217	2,434	\$14,186	
ICU Pediatric	5	289	693	\$2,920	
Medical/Surgical	241	9,757	52,858	\$3,138	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	23	1,228	3,377	\$1,323	
Pediatric	24	723	2,096	\$1,389	

Psychiatric	58	1,994	11,077	\$4,732
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	384	15,138	77,716	NA
Normal Newborn	23	791	1,804	\$1,098

II. Outpatient Visits					
Circulatory System	6,477	Digestive System	3,198		
Endocrine System	6,479	Injuries and Poison	10,237		
Mental Disorder	1,488	Musculoskeletal	6,991		
Neoplasms	2,601	Nervous	3,018		
Respiratory	5,014	Urinary	5,307		
Other/Unknown	33,270	Total Visits	84,081		
Number of Visits to Emerger	39,877				
Percent of Emergency Depar	tment Visi	ts of Total Visits	47.4%		

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Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
N - Coronary Care Unit	N - Dental Services	N - Dietetic Services
Y - Emergency Service	N - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	N - Neonatal Nursery
N - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
N - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	N - Radiology(Diagnostic)	N - Radiology(Therapeutic)
N - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

Health Care Regulatory Services

2003 Hospital Services Main Page